

Amount billable to the beneficiary:

Billed charge for the service	\$400.00
Less charges applicable to CHIP ($\$222.50 \div .85$)	<u>\$261.76</u>
Line item charges billable to the beneficiary	\$138.24

**An EOB code will appear on your Remittance Advice indicating the line item service billed was reduced or paid at zero because the \$350 CHIP Dental Services Cap has been met. A portion of the line item charges may then be billable to the beneficiary. To determine the amount billable to the beneficiary use the following formula:*

$$\text{Billed Charges} - (\text{CHIP Payment} \div .85) = \text{Line Item Amount Billable to the Beneficiary}$$

Billing the Beneficiary

When the \$350 patient dental benefit is exhausted, the CHIP beneficiary is responsible for payment for any additional services he or she wishes to have the provider perform. The CHIP program will not enter into any dispute between the provider and the beneficiary regarding billing and payment issues. To avoid any misunderstandings with CHIP beneficiaries, providers are advised to obtain written confirmation from CHIP beneficiaries whenever private payment arrangements are contemplated.

The CHIP beneficiary is also responsible for any services not covered by CHIP.

Covered Services

All non-medical dental services are covered by CHIP, with the exception of those services listed below under Non-Covered Services.

Non-Covered Services

The following series of services described by ADA CDT-3 codes are not covered benefits of CHIP:

- D5900 – D5999 Maxillofacial Prosthetics
- D6000 – D6199 Implant Services
- D7610 – D7780 Treatment of Fractures
- D7920 – D7999 Other Repair Procedures
- D8000 – D8999 Orthodontics

Medical-dental services provided to a CHIP beneficiary must be billed to the child's CHIP insurance plan.